NEUROPATHOLOGY.

POSTEPILEPTIC ASYSTOLE. (Revue Neurologique, No. 6, 1897.) By C. Féré.

The coincidence of cardiac affections with epilepsy has been noticed, and the latter has been attributed to circulatory disturbances; sometimes to cerebral congestion in mitral disease, and sometimes to anæmia in aortic. Lesions of the myocardium may have the same results. On the other hand, epilepsy may cause cardiac affections. The increase in the arterial pressure during the epileptic attack seems to be due to more energic contraction of the heart; to contraction of the small vessels, and to contraction of the muscles, which hinders the flow of blood from the capillaries into the veins. That the epileptic attack is accompanied by a considerable increase in the arterial pressure may be regarded as a demonstrated fact. The fall of the pressure after the attack may be explained by the lessened tonicity of the muscles of the limbs, by the paralytic dilatation of the peripheral vessels, and by the diminished action of the heart. The cardiac affection may explain the cases of death following a single convulsive attack. This may be due to syncope from arrested cardiac action, or to cardiac rupture.

Féré reports a case in which the first attack of epilepsy occurred at the age of forty-two. After a series of epileptic convulsions, an attack of acute asystole developed, with the signs of imperfect cardiac action, such as: cyanosis, swelling of the veins of the neck, arythmic, feeble condition of the pulse, etc. There is no morbid manifestation in the circulatory system of this patient at present. SPILLER.

PARADOXICAL PUPILLARY REACTION.

In a very interesting article, Dr. H. Frenkel (Gazette Hebdomadaire Médécine, August 2d, 1896) describes very carefully an ophthalmological and neurological study of a patient with the above rare symptom. The man presented himself for the treatment of an intermittant alternating divergent strabismus. Apart from a slight posterior staphyloma, the fundus was normal. The visual field on the right side was slightly contracted with a normal succession of color; on the left side there was a very marked contraction for white and for all the colors, on the nasal side, in fact, a left nasal hemianopsia. The left eye had, too, a slight paresis of the internal rectus muscle, and a small degree of ptosis. The left pupil was much smaller than the right when at rest. Pupillary reaction was normal for accommodation, but upon throwing the light upon the left eye, the pupil would remain motionless for five or ten seconds, then dilate slowly to double or more than double its previous diameter, remaining dilated until the light was withdrawn, when it would rapidly contract again. The same phenomenon was less pronounced upon the right side. As the patient was found to have an aortic insufficiency, with enlargement of the heart, it might readily have been concluded that the cause of the paradoxical reaction was in the encephalon, due to localized hemorrhage or other results of the valvular disorder; but Dr. Frenkel, upon closer examination, drew a different conclusion. It was found that upon prolonged examination of the eye, the patient, while accommodating for distant vision allowed his right eye to deviate during the examination of the left; the left pupil consequently would at first remain stationary, then, as the right eye abducated, would dilate, thus giving the supposed paradoxical reaction. A contrary test was also instructive: the pupils were unchanged while the patient accommodated for a near object, so long as the eyes did not move; as soon as the internal recti began to grow fatigued, but not till then, dilatation began. Among Dr. Frenkel's other conclusions, he states that he does not believe the paradoxical reaction is in any way an abnormality; that the dominant condition which makes it possible to observe a pupillary dilation *during* lighting, but not *in consequence of it*, is the presence of Argyll-Robertson's symptom, although there has been one case of paradoxical reaction recorded in a hysterical patient, in which this sign was wanting. MITCHELL.

THE ARGYLL-ROBERTSON PUPIL.

In a clinical study published in the American Journal of the Medical Sciences, for July, 1896, T. K. Monro reviews the different theories proposed to explain this condition. That the lesion is situated in the efferent portion of the reflex arc running from the optic nerve to oculo-motor nucleus in the motor fibres of the cervical cord, or in a cilio-spinal centre in the cord or medulla, the writer considers equally untenable. His own conclusions are that reflex in diplegia is probably due to a degeneration in the nucleus of origin of the third nerve. SHIVELY.

NERVOUS TROUBLES OF HEPATIC ORIGIN.

Dr. Leopold Levi (Journal de Méd. et de Chir. prat., July 10th, 1896) demonstrates the important rôle played by the liver in the pathogenesis of certain nervous disorders, which, compared with those of nephritic origin, might justly be called nervous hepato-toxæmia. The graver manifestations are: Hepatis coma, icteric coma, hepatic delirium, folly, convulsions, etc. The minor disturbances are: (1) Changes of character during the course of the disease, with or without icterus being present. The patients lose their sense of humor, become despondent, gloomy and sensitive, taking no more interest in their surroundings, and preferring to live retired without communicating with people. At times they are exacting and quarrelsome, and often develop hypochondriacal and suicidal ideas. (2) Sense of fatigue (muscular asthenia), that often resembles neurasthenia, the patient exerting himself to the utmost in endeavoring to do light work. (3) Cephalalgia, vertigo, disorders of sleep (insomnia or somnolence), and hepatic drowsiness, are common manifestations of hepatic toxæmia. (4) General disturbances of sensibility, pruritus, vasomotor troubles and toxic nephritis, were also observed. (5) Changes of reflexes, the knee-jerk being absent in some and exaggerated in other cases. (6) Ocular troubles (hepatic ophthalmia), comprising xanthopsia, hemeralopia, retinitis pigmentosa, ambliopia, transitory pupillary œdema and affections of the pupils. The author, experimenting on dogs, produced artificial lesions of the liver, and observed subsequently that their character changed entirely, they becoming quite untractable. MACALESTER.

MENIERE'S DISEASE.

Lemariey (Annales de Maladies de l'Oreille du Larynx du Nez, et du Pharynx, 1896, Med. Record, August 8th, 1896) reports good results from the use of pilocarpine in the case of a man of thirty-five, who suffered most severely from attacks of aural vertigo. They developed suddenly in the course of chronic otitis media, involving both ears. After a week's treatment with various remedies he was given hypodermic injections of pilocarpine once a day, the patient remaining in bed for about two hours after the administration. The dose was at first 4 milligrams of a 1 per cent. solution, which was increased by one milligram every two days. Fifteen days after the beginning of the treatment he was able to go about the hospital, and in two weeks more was practically cured. PATRICK (Chicago).